



## CCDW TRAINING MATERIAL REQUEST FORM

DATE OF CLASS: \_\_\_\_\_ INSTRUCTOR NO. \_\_\_\_\_

INSTRUCTOR NAME \_\_\_\_\_

ADDRESS: *(We cannot ship to a PO Box)* Business ☐ Residential ☐

Daytime Phone Number: \_\_\_\_\_

ITEM	QUANTITY
APPLICANT MANUAL	
INSTRUCTOR MANUAL	
LEGAL SEGMENTS VIDEO: <input type="checkbox"/> VHS <input type="checkbox"/> DVD	
FORM 126 Pages A-B (Application)	
FORM 126 Pages C-D (Assistant Instructor List)	
CCDW TRAINING MATERIAL REQUEST FORM	
APPLICANT TEST (A & B)	
TEST ANSWER SHEET (APPLICANT or INSTRUCTOR)	
INSTRUCTOR TEST (A & B)	
CCDW INSTRUCTOR and INSTRUCTOR-TRAINER FIVE-MINUTE PRESENTATION FORM	
TRAINING COUNTY INFORMATION FORM	

**FOR  
TRAINER  
USE  
ONLY**

MAIL TO: CCDW PROGRAM  
DEPARTMENT OF CRIMINAL JUSTICE TRAINING  
FUNDERBURK BUILDING  
521 LANCASTER AVENUE  
RICHMOND, KENTUCKY 40475-3102

FAX TO: (859) 622-8387

E-MAIL TO: [ccdwwprogram@ky.gov](mailto:ccdwwprogram@ky.gov)